

United States Bankruptcy Court for the:

District of Maryland

Case number (If known): \_\_\_\_\_ Chapter you are filing under:

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

 Check if this is an amended filing

## Official Form 201

## Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

## 1. Debtor's name

Benevolent Home Health Care Inc. \_\_\_\_\_

## 2. All other names debtor used in the last 8 years

Include any assumed names, trade names, and *doing business as* names

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 3. Debtor's federal Employer Identification Number (EIN)

61-1405528 \_\_\_\_\_

## 4. Debtor's address

## Principal place of business

## Mailing address, if different from principal place of business

1099 Winterson Road

Number Street

Number Street

Suite 105

P.O. Box

Linthicum Heights MD 21090

City State ZIP Code

City State ZIP Code

Anne Arundel County

County

## Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

## 5. Debtor's website (URL)

<https://www.benevolenthc.com/>

## 6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
 Partnership (excluding LLP)  
 Other. Specify: \_\_\_\_\_

Debtor	Benevolent Home Health Care Inc. Name _____	Case number ( <i>if known</i> ) _____
<hr/>		
<p><b>7. Describe debtor's business</b></p> <p>A. <i>Check one:</i></p> <p><input type="checkbox"/> Health Care Business (as defined in 11 U.S.C. § 101(27A))  <input type="checkbox"/> Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  <input type="checkbox"/> Railroad (as defined in 11 U.S.C. § 101(44))  <input type="checkbox"/> Stockbroker (as defined in 11 U.S.C. § 101(53A))  <input type="checkbox"/> Commodity Broker (as defined in 11 U.S.C. § 101(6))  <input type="checkbox"/> Clearing Bank (as defined in 11 U.S.C. § 781(3))  <input checked="" type="checkbox"/> None of the above</p> <hr/> <p>B. <i>Check all that apply:</i></p> <p><input type="checkbox"/> Tax-exempt entity (as described in 26 U.S.C. § 501)  <input type="checkbox"/> Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)  <input type="checkbox"/> Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))</p> <hr/> <p>C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <a href="http://www.naics.com/search/">http://www.naics.com/search/</a>.</p> <p style="text-align: center;"><u>621610</u></p>		
<hr/>		
<p><b>8. Under which chapter of the Bankruptcy Code is the debtor filing?</b></p> <p><i>Check one:</i></p> <p><input type="checkbox"/> Chapter 7  <input type="checkbox"/> Chapter 9  <input checked="" type="checkbox"/> Chapter 11. <i>Check all that apply:</i></p> <p><input type="checkbox"/> The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).</p> <p><input checked="" type="checkbox"/> The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, <b>and it chooses to proceed under Subchapter V of Chapter 11.</b> If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).</p> <p><input type="checkbox"/> A plan is being filed with this petition.</p> <p><input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).</p> <p><input type="checkbox"/> The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the <i>Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11</i> (Official Form 201A) with this form.</p> <p><input type="checkbox"/> The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.</p> <p><input type="checkbox"/> Chapter 12</p>		
<hr/>		
<p><b>9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?</b></p> <p>If more than 2 cases, attach a separate list.</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. District _____ When _____ Case number _____            MM / DD / YYYY</p> <p>District _____ When _____ Case number _____            MM / DD / YYYY</p>		
<hr/>		
<p><b>10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?</b></p> <p>List all cases. If more than 1, attach a separate list.</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Debtor _____ Relationship _____</p> <p>District _____ When _____            MM / DD / YYYY</p> <p>Case number, if known _____</p>		

Debtor \_\_\_\_\_ Case number (*if known*) \_\_\_\_\_  
 Name \_\_\_\_\_

**11. Why is the case filed in this district?** *Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

No  
 Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention? (Check all that apply.)**

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
 What is the hazard? \_\_\_\_\_

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other \_\_\_\_\_

**Where is the property?** \_\_\_\_\_  
 Number \_\_\_\_\_ Street \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Is the property insured?**  
 No  
 Yes. Insurance agency \_\_\_\_\_  
 Contact name \_\_\_\_\_  
 Phone \_\_\_\_\_

### Statistical and administrative information

**13. Debtor's estimation of available funds** *Check one:*

Funds will be available for distribution to unsecured creditors.  
 After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

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**14. Estimated number of creditors**

<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

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**15. Estimated assets**

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

Debtor Name	Benevolent Home Health Care Inc.			Case number (if known)
<b>16. Estimated liabilities</b>	<input type="checkbox"/> \$0-\$50,000	<input checked="" type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion	
	<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion	
	<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion	
	<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion	

### Request for Relief, Declaration, and Signatures

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

<b>17. Declaration and signature of authorized representative of debtor</b>	The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.	
	I have been authorized to file this petition on behalf of the debtor.	
	I have examined the information in this petition and have a reasonable belief that the information is true and correct.	
	I declare under penalty of perjury that the foregoing is true and correct.	
	Executed on <u>04/23/2024</u> MM / DD / YYYY	
	<b>X</b> <u>/s/ Seth Jones</u> Signature of authorized representative of debtor	<u>Seth Jones</u> Printed name
	Title <u>President</u>	

<b>18. Signature of attorney</b>	<b>X</b> <u>/s/ Daniel Staeven</u> Signature of attorney for debtor	Date <u>04/23/2024</u> MM / DD / YYYY
	<u>Daniel Staeven</u> Printed name	
	<u>Frost Law</u> Firm name	
	<u>839 Bestgate Drive Suite 400</u> Number Street	
	<u>Annapolis</u> City	<u>MD</u> State <u>21401</u> ZIP Code
	<u>410-497-5947</u> Contact phone	<u>daniel.staeven@frostattlaw.com</u> Email address
	<u>27662</u> Bar number	<u>MD</u> State

American Express  
P.O. Box 96001  
Los Angeles, CA 90096-8000

Chase Bank  
1555 Maryland Avenue  
Washington, DC 20002

Credibly  
25200 Telegraph Road  
Southfield, MI 48033

HSH Property Management  
516 N. Charles Street  
Suite 400  
Baltimore, MD 21201

Internal Revenue Service  
PO Box 7346  
Philadelphia, PA 19101

Seth Jones  
1415 Paddock Court  
Crownsville  
MD 21032

U.S. Department of the Treasury  
Bureau of the Fiscal Service  
P.O. Box 1686  
Birmingham, AL 35201-1686

United States Small Business Administration  
409 3rd Street, SW  
Washington, DC 20416

United States Bankruptcy Court  
District of Maryland

In re: Benevolent Home Health Care Inc.

Case No.

Chapter 11

Debtor(s)

**Verification of Creditor Matrix**

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 04/23/2024

/s/ Seth Jones

\_\_\_\_\_  
Signature of Individual signing on behalf of debtor

President

\_\_\_\_\_  
Position or relationship to debtor

**Fill in this information to identify the case:**Debtor name Benevolent Home Health Care Inc.United States Bankruptcy Court for the: District of Maryland

Case number (if known): \_\_\_\_\_

 Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	United States Small Business Administration 409 3rd Street, SW Washington, DC, 20416		Monies Loaned / Advanced	Disputed Unliquidated Contingent			2,000,000.00
2	Credibly 25200 Telegraph Road Southfield, MI, 48033			Disputed Unliquidated Contingent			179,178.67
3	Chase Bank 1555 Maryland Avenue Washington, DC, 20002	800-945-2028	Credit Card Debt	Disputed Unliquidated Contingent			67,015.32
4	American Express P.O. Box 96001 Los Angeles, CA, 90096-8000		Credit Card Debt	Disputed Unliquidated Contingent			40,061.92
5	United States Small Business Administration 409 3rd Street, SW Washington, DC, 20416			Disputed Unliquidated Contingent			12,389.04
6	HSH Property Management 516 N. Charles Street Suite 400 Baltimore, MD, 21201						4,655.66
7	American Express P.O. Box 96001 Los Angeles, CA, 90096-8000		Credit Card Debt	Disputed Unliquidated Contingent			3,638.90
8							

Debtor

Benevolent Home Health Care Inc.

Name \_\_\_\_\_

Case number (*if known*) \_\_\_\_\_

<b>Name of creditor and complete mailing address, including zip code</b>		<b>Name, telephone number, and email address of creditor contact</b>	<b>Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)</b>	<b>Indicate if claim is contingent, unliquidated, or disputed</b>	<b>Amount of unsecured claim</b> If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					<b>Total claim, if partially secured</b>	<b>Deduction for value of collateral or setoff</b>	<b>Unsecured claim</b>
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Fill in this information to identify the case and this filing:

Debtor Name	Benevolent Home Health Care Inc.
United States Bankruptcy Court for the:	District of Maryland
Case number (If known):	

## Official Form 202

### Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

#### Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule \_\_\_\_\_
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration\_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/23/2024  
MM / DD / YYYY

 /s/ Seth Jones

Signature of individual signing on behalf of debtor

Seth Jones

Printed name

President

Position or relationship to debtor

# United States Bankruptcy Court

District of Maryland

**In re** Benevolent Home Health Care Inc.

Case No. \_\_\_\_\_

**Debtor**

Chapter <sup>11</sup> \_\_\_\_\_

## **DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

FLAT FEE

For legal services, I have agreed to accept ..... \$ \_\_\_\_\_  
 Prior to the filing of this statement I have received ..... \$ \_\_\_\_\_  
 Balance Due. .... \$ \_\_\_\_\_

RETAINER

For legal services, I have agreed to accept a retainer of ..... \$ 10,000.00  
 The undersigned shall bill against the retainer at an hourly rate of ..... \$ 545.00  
 [Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. The source of the compensation paid to me was:

Debtor       Other (specify) Seth Jones

3. The source of compensation to be paid to me is:

Debtor       Other (specify) Seth Jones

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the Agreement, together with a list of the names of the people sharing the compensation is attached.

5. In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

d. [Other provisions as needed]  
2004 exams, US Trustee audits, lift stay motions, and non-bankruptcy work.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

04/23/2024

/s/ Daniel Staeven, 27662

*Date*

*Signature of Attorney*

Frost Law

*Name of law firm*  
839 Bestgate Drive  
Suite 400  
Annapolis, MD 21401

**United States Bankruptcy Court****IN RE:**

Case No. \_\_\_\_\_

Benevolent Home Health Care Inc.

Chapter 11**LIST OF EQUITY SECURITY HOLDERS**

Registered name and last known address of security holder	Shares (Or Percentage)	Security Class (or kind of interest)
Seth Jones 1415 Paddocks Court, Crownsville, MD 21032	100.00	Preferred stockholder